

City of Waterbury  
School Athletics Emergency Response  
Plan

Version 1.2 - August 2023

# City of Waterbury Department of Education School Athletics Emergency Response Plan

## Introduction

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant. The development and implementation of an emergency action plan will help ensure that the best care will be provided.

As emergencies may occur at any time and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

This plan was jointly developed through the Waterbury Fire Department and the City of Waterbury Department of Education. This plan is scheduled for review prior to the start of any given school year. This document is a template document and is meant to provide the broad guidelines to apply to any of the City's 34 school locations. This document is not for use in events occurring in other venues not operated by the Department of Education. For venues such as these individual site plans for emergencies are managed by the City's Fire Department EMS Officer.

Parts of this plan were derived using a sample plan provided by the University of Connecticut, Korey Stringer Institute - College of Agriculture, Health and Natural Resources. The template can be viewed at [UCONN ATHLETIC EAP TEMPLATE](#)

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## **I. Emergency Personnel**

In most cases of high-risk sports competition in the City of Waterbury Fire Department will be present with a rescue vehicle. If not then the first responder in an emergency situation during an athletic practice is typically a member of the coaching staff. However, the first responder could be a trained bystander or another member of the school personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning [also including: athletic director, school nurse, certified athletic trainer, all coaches, etc.]. Copies of training certificates and/or cards are maintained in the Department of Human Resources.

The emergency team may consist coaches, athletic trainers, managers, and possibly bystanders. Roles of these individuals will vary depending on different factors such as team size, athletic venue, preference of the head athletic trainer, etc. **When on standby at the scene the Waterbury Fire Department EMS team will always assume medical command of the event.**

The four basic roles within the emergency team are:

### **1. Establish scene safety and immediate care of the athlete:**

This should be provided by the most qualified individual on the medical team. If the Waterbury Fire Department is on scene then they will establish this role, if not it shall be the first aid trained coach or highest medical level provider on scene at the time of the incident.

### **2. Activation of Emergency Medical Services:**

This may be necessary in situations where emergency transportation is not already present at the sporting event. Time is the most critical factor and this may be done by anyone on the team. However, the person chosen should be someone who is calm under pressure, communicates well, and is familiar with the location and address of the sporting event. **In the event the Waterbury Fire Department is not covering a school sporting event then immediately call 911. In most cases the Waterbury Fire Department will be on standby on the scene.**

### **3. Equipment:**

May be done by anyone on the emergency team who is familiar with the types and locations of the specific equipment needed. Athletic training students, managers, and coaches may be good choices for this role. All schools are equipped with an AED the individual location is to be verified by the coaching staff.

**AEDS and other equipment will be on scene when WFD is present. This role does not need to be filled if WFD is on scene.**

#### **4. Direction of EMS to the Scene:**

Coaches will appoint personnel or a player to meet the emergency medical personnel as they arrive at the site. In each Waterbury school facility, the CRG mapping system shall be utilized as the primary directive for EMS response. All fields in all schools are designated with signage. City of Waterbury first responders, including Fire, Police and Ambulance all are given copies of this map. In addition, the City's 911 center Northwest CT Public Safety also has these maps and can direct any responder via radio or computer aided dispatch to these scenes.

## **II. Communications with 9-1-1**

The City of Waterbury 911 telecommunications center is managed by Northwest Public Safety, Inc. on contract to the City of Waterbury to receive 911 calls and dispatch fire, police and ambulance resources. Additionally, the center serves as a hub and has the means to coordinate and contact other City agencies such as public works, the health department etc....

When calling 911 the call is routed to a call receiving operator who will ask a series of questions designed to ensure that a uniformed series of information is collected. Although it is an emergency, **BE PATIENT**. The medical interrogation process is designed to ensure that the right resources are sent in the most expedient manor.

### **You may be asked to Provide the following information to the 911 operator:**

- The number you are calling from – although the 911 system utilizes caller ID and GPS mapping. The location of the call and the number (if from inside a centrex school building line) may not pinpoint the actual caller location. The caller is sometimes also not physically located next to the patient
- The nature of emergency. Whether it is medical or non-medical\*. The nature of the emergency for example may be “a football player was just hit hard and is unconscious”
- Number of athletes. How many people are injured or in need of an evaluation.

- Condition of athlete(s) This may include such things as level of consciousness, altered mental status, or obvious traumatic injury.
- If a first responder, or first aid trained person is with the patient now
- Specific directions as needed to locate the emergency scene. All fields are marked in the City of Waterbury and are located with a corresponding CRG mapping system number. If you can see the number relay the number to operator. If you can't see, or don't know the number describe the location of the field in reference to the main entrance of the school.
- Any other information requested by the dispatcher

\*If non-medical, refer to the specified checklist of the school's regular emergency action plan

### **III. Emergency Communication**

In the event of an emergency the following call down list shall be established:

1. **911** (ALWAYS FIRST)!
2. Student Parent or Guardian
3. School Administrator for the specific venue
4. School Safety & Security Manager

### **IV. Emergency Equipment**

All schools have been issued first aid bags that have been purchased through the Department of Education in consult with the Waterbury Fire Department to ensure compatibility with the City's first responders. It is essential that these bags are kept up to date and complete by the Athletic Director in school.

Minimum bag requirements:

- Roll of 1 inch Cloth Tape
- 1 Roll of 2 inch Cloth Tape
- 10 Sterile 4x4's Packs of 2
- 1 Roll of 3 inch Elastic Bandage
- 6 Rolls of Non Sterile 3 inch kling
- 112•x30• Multi Trauma Dressing
- 5 Ste,rile 5x9 Dressings
- 100 1 • x 3• Plastic Bandages
- 50 Large 2• x 4 1 /2 Bandages

- 1 4x4 Water Jel Bandage
- 1 Aexible Splint
- 1 CPR Mask with one way valve
- 1 7 1 /4 inch Trauma Scissor
- 1 OTC Box of 10 Sting Ease Swabs .
- 1 OTC 4 Oz Irrigating Eye Wash
- 1 Mylar Space Blanket
- 2 Disposable Ice Packs
- 2 Disposable Hot Packs
- 4 Pairs of Nitrile Gloves
- 1 3 1 /2 inch Tweezer
- 1 Disposable Penlight
- 1 Patient Report Pad with Pen

Spinal immobilization equipment shall be limited to the first responders holding CT DPH OEMS certifications of EMT and higher. No helmets shall be removed by untrained personnel. Manual stabilization of the head and neck shall always be observed until arrival of WFD or ambulance personnel. A helmet may be removed with care if respiratory compromise is present.

## **V. Medical Emergency Transportation**

The City of Waterbury recognizes the importance of having EMS on site at high risk sporting events, such as football, basketball, large tournament venues, etc. As such, all events are covered by EMT staff from the Waterbury Fire Department.

Each unit is equipped with the minimum compliment of items as required by the CT Department of Health, Office of Emergency Medical Services. In addition to the regularly scheduled items, Waterbury Fire Department also carries:

- Lucas Resuscitation Machine
- AED Lifepak 1000
- Glucometers
- Narcan
- Aspirin (Cardiac)
- Epinephrine

All fire apparatus are similarly equipped in the City of Waterbury. Normal response time for an apparatus after receiving the call for dispatch is under 4 minutes.

Transportation ambulances are provided by three separate private services in the City of Waterbury. Response times vary due to the high demand of these units, however an average of 7 mins can usually be expected with Fire Department personnel assuming care at the 4-minute mark.

Ambulance Services:

- American Medical Response
- Trinity Health of New England
- Hatzalah of Waterbury Inc. (Volunteer)

## **VI. Non-Medical Emergencies**

For the non-medical emergencies (fire, bomb threats, violent or criminal behavior, etc.) refer to the school City of Waterbury emergency action plan checklist and follow instructions.

ANNEX A

**Role of Coach / Staff First Responders:**

1. Immediate care of the injured or ill student-athlete
2. Activation of emergency medical services (EMS)
3. Call 911 (provide name, address, telephone number (number of individuals injured), condition of injured, first aid treatment, specific directions, other information as requested)
4. Emergency equipment retrieval
5. Direct EMS to scene (if not on site for game) Open appropriate gates
6. Designate individual to “flag down” EMS and direct to scene
7. Provide Scene control: limit scene to first aid providers and move bystanders away from area
8. Activate phone tree

## ANNEX B

### City of Waterbury Department of Education

#### **PROTOCOL FOR MEDICAL CERTIFICATION REQUIREMENTS**

All athletics personnel associated with practices, competition, skills instruction, and strength and conditioning, including all head, assistant, and volunteer coaching staff, must have the following training:

- Red Cross or American Heart Association CPR/AED
- Red Cross First Aid for the First Responder, equivalent or higher certification as issued by the CT Department of Health
- Prevention of Disease Transmission: Blood Borne Pathogens
- Emergency Action Plan annual run-through

All updated copies of certificates/cards will be on file in the School Human Resources Department.

ANNEX C  
City of Waterbury Department of Education  
School Athletics Emergency Response Plan

**Emergency Action Plan Run Through**

All personnel associated with athletics should be familiar with all relevant venue emergency action plans. Familiarization includes: knowing one's specific role during an emergency situation, knowledge of emergency equipment, and how to appropriately activate the emergency action plan.

Each person who will be working with the school's athletic programs should be given a copy of the emergency action plan annually and sign an agreement that they have read and understand the document.

Additionally, each team before the start and throughout the season should run through scenarios in order to increase the comfort level and efficiency of the emergency action plan. This team should also include the local ambulance services and the fire department. Ensure that all team members are on the same page with athlete care and transport protocols (i.e. helmet removal for equipment-intensive sports such as football and lacrosse or "cool first, transport second" policies for exertional heat illnesses). Run-throughs should also be taken into consideration where ambulance access would take place to determine if any gates or cars would block the entrance during practice/game times and where any keys or relevant equipment will be located.



ANNEX D  
CRG MAP ATTACHMENT FOR INDIVIDUAL SCHOOL  
(Not for public release)

**ANNEX E**  
**CONCUSSION MANAGEMENT AND RETURN TO PLAY REQUIREMENTS**  
**“WHEN IN DOUBT – SIT IT OUT”**

\*Public Act No. 10-62 requires that a coach must immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms, or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred.

**If you suspect that a player has a concussion:**

1. Immediately remove the athlete from play and seek evaluation from medical personnel or an athletic trainer
2. If no medical personnel or athletic trainer is available, observe the athlete for signs and symptoms of a concussion:

**Observable Signs or Reported Symptoms:**

- Loss of Consciousness---CALL 911
- The player appears dazed and sometimes with a vacant stare
- General confusion
- Athlete forgets plays
- Player seems disoriented
- Player seems overly emotional (laughing, crying)
- Player demonstrates balance issues and difficulty standing or walking
- Changes in normal behavior/personality
- Repetitive speech or delayed speech
- Vomiting
- Headache
- Nausea
- Balance Problems or dizziness
- Double/blurred vision
- Sensitivity to light/noise
- Feeling very fatigued
- Feeling “foggy”
- Concentration/memory problems
- Irritability
- Sadness
- Feeling more emotional

3. If any of the signs/symptoms listed above are reported/observed, the athlete is not to return to play. If unsure, keep the athlete out until the athlete is evaluated by a medical professional. If an athlete loses consciousness, call 911 immediately!
4. Notify the athlete’s parents/guardians of the possible concussion within 24 hours of the incident. Advise the athlete/parents to follow up with the coach the following day and seek emergency medical attention should the condition worsen.

5. Notify the athletic director about the injury and fill out an Accident Report documenting the injury. Then, provide the accident report to the athletic director, school nurse, and principal the next day.
6. No athlete is to return to play without being cleared by their doctor. A specific return-to-play protocol is required prior to returning to unrestricted play.

## ANNEX F

### Injury Action Plan for Asthma

#### Key Points:

- Coaches should be aware and have a list of all athletes who have a history of asthma and exercise-induced asthma.
- All athletes with asthma who require the use of an inhaler should be instructed to carry their inhaler with them at ALL times.

#### Signs and Symptoms of Acute Flare-Ups:

- Wheezing or spastic coughing
- Complaints of chest tightness or discomfort
- Rapid heart rate
- Rapid/shallow breathing
- Tripod positioning (leaning over with hands on knees)
- Blue lips/fingernails: if SEVERE

#### In the event of an Acute Flare-up:

1. Immediately remove the athlete from play and place the athlete in a seated position, leaning forward slightly.
2. Keep the athlete calm and instruct them to take deep breaths.
3. Obtain the athlete's inhaler medication and give it to the athlete to self-administer. **DO NOT HAVE ATHLETE USE ANOTHER ATHLETE'S INHALER.** If the athlete does not have an inhaler with them, then go to step 5.
4. Only help the athlete should he/she have difficulty with self-administration.

#### Proper Use of an Inhaler:

- a. Remove the cap and hold the inhaler upright
  - b. Shake the inhaler
  - c. Instruct athlete to tilt the head back slightly and exhale through the mouth
  - d. Instruct athlete to put mouth around the opening of the inhaler, ensuring a seal
  - e. Instruct the athlete to push down once on the inhaler while inhaling deeply
  - f. Instruct athlete to hold breath for about 10 seconds to get the medication down into the lungs
  - g. Dosage may be repeated only as directed by the athlete's physician
5. Encourage the athlete to breathe "in through the nose, out through the mouth."
    - a. Instruct athlete to breathe in through the nose for a count of 2
    - b. Instruct the athlete to breathe out slowly through the mouth for a count of 4, concentrating on contracting the abdominal muscles while exhaling.
  6. Emergency Care is required if the following signs occur:
    - a. Athlete has increased breathing difficulty (hunched over, gasping for air, cessation of breathing)
    - b. Lips or fingernails turn blue or gray
  7. Notify the athlete's parents should the athlete's condition not improve with inhaler administration or emergency care be needed. Encourage the athlete to follow up with the athletic trainer upon returning to school following the incident.

8. Notify the athletic director about the injury and fill out an Accident Report documenting the injury. Then, the accident report should be provided to the athletic director, school nurse, and principal the next day.

9. NO athlete is to return to play without being cleared by their doctor if emergency care was required.

## ANNEX G

### **Injury Action Plan for Anaphylactic Shock**

#### **Key Points:**

- Coaches should be aware of and have a list of all athletes with a history of allergies that require the use of an Epinephrine injector.
- All athletes with a severe allergy who require the use of an Epinephrine injector should be instructed to carry it with them at all times.

#### **Signs and Symptoms of Anaphylactic Shock:**

- Skin reactions including hives and itching, flushed or pale skin (almost always present with anaphylaxis)
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing
- A weak and rapid pulse
- Nausea, vomiting or diarrhea
- Dizziness or fainting

#### **If you suspect an athlete is going into anaphylactic shock:**

1. Obtain the athlete's prescribed Epinephrine injector and give it to the athlete for self-administration. **DO NOT ADMINISTER Epinephrine inject FOR THE ATHLETE.**
2. Call 911—Inform the dispatcher that you have an athlete going into anaphylactic shock.
3. Notify the athlete's parents of the incident. Follow the Emergency Action Plan specific to the activity location.
4. Notify the athletic director about the injury and fill out an Accident Report documenting the injury. Then, provide the accident report to the athletic director, school nurse, and principal the next day.
5. NO athlete is to return to play without being cleared by their doctor if emergency care was required.

### **Injury Action Plan for Cardiac or Respiratory Emergencies**

#### **Key Points:**

1. Management begins with appropriate emergency preparedness and awareness of the closest AED
2. Essential components of SCA management include early activation of EMS, early CPR, early defibrillation, and rapid transition to advanced cardiac life support.
3. High suspicion of SCA should be maintained for any collapsed and unresponsive athlete.
4. Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of having SCA from a condition known as commotio cordis.
5. Any collapsed and unresponsive athlete should be managed as an SCA

**Responding to Sudden Cardiac Arrest:**

1. Immediately call 911 and inform the dispatcher you have a student in Cardia Arrest.
2. Utilize an AED as soon as possible for rhythm analysis and defibrillation if indicated. CPR should be provided while waiting for an AED.
3. Interruptions in chest compressions should be minimized, and CPR should be stopped only for rhythm analysis and shock.
4. CPR should be resumed immediately after the first shock, beginning with chest compressions, with repeat rhythm analysis following two minutes or five cycles of CPR, or until advanced life support providers take over or the victim starts to move.
5. Rapid access to the SCA victim should be facilitated for EMS personnel.
6. Notify the athletic director about the injury and fill out an Accident Report documenting the injury. Then, provide the accident report to the athletic director and School Nurse the next day.
7. NO athlete is to return to play without being cleared by their doctor if emergency care was required.

## ANNEX H

### **Injury Action Plan for Traumatic Brain Injury or Spinal Cord Emergencies**

#### **If spinal cord injury is suspected:**

##### **If Conscious**

- Don't move or allow the student-athlete to move
- Check vitals
- Ask student-athlete if they have trouble breathing
- Ask student-athlete if they have any neck or spine pain, palpate
- Ask student-athlete if they have any burning, tingling, or numbness. Check sensation
- Ask student-athlete if they can move their fingers and toe

*If positive to any of the above, stabilize the neck or spine and call 911*

##### **If Unconscious Student-Athlete is Not Breathing**

1. Call 911 immediately and inform the dispatcher of the situation
2. Be ready to administer CPR
3. Continue to monitor vital signs
4. Dispatch someone to help guide the ambulance

##### **If Unconscious Student-Athlete is Breathing**

1. Call 911 immediately and inform the dispatcher of the situation
2. Do not move student-athlete or allow student-athlete to move while assessing cause of unconsciousness.
3. Continue to monitor vital signs
4. Dispatch someone to help guide the ambulance

## ANNEX I

### **Injury Action Plan for Heat-Related Illness**

#### **Exercising and Athletic Participation in Hot Weather:**

The main problem associated with exercising in hot weather is water loss through sweating. Water loss can be replaced by allowing the athlete unrestricted access to water. Two or three water breaks every hour are better than one break an hour. The best method is to have water available at all times and allow the athlete to drink water whenever the athlete needs it. Never restrict the amount of water an athlete drinks, and be sure the athletes are drinking the water.

#### **Key Points**

- *In extreme temperatures and conditions, all attempts should be made to practice at cooler times of the day.*
- Prevention of heat illness begins with aerobic conditioning, which provides partial acclimatization to the heat. Student-athletes should gradually be exposed to hot and/or humid conditions for at least one week to acclimate.
- Hydration should be maintained during training, with multiple breaks an hour placed into the schedule.

#### **Signs and Symptoms of Heat Illness:**

##### **Dehydration**

Dehydration can affect an athlete's performance in less than an hour of exercise. Sooner if the athlete begins the session dehydrated.

- Dehydration of just one to two percent of body weight (only 1.5-3 lbs., for a 150-pound athlete) can negatively influence performance.
- Dehydration of greater than three percent of body weight increases an athlete's risk of heat illness (heat cramps, heat exhaustion, heat stroke).
- High-body fat athletes can have a harder time with exercise and can become dehydrated faster than lower-body fat athletes working out under the same environmental conditions.
- Poor acclimatization to heat or lower fitness levels can greatly contribute to an athlete's dehydration problems. This is especially important during the first practices of the year, especially in the summer. Certain medications or fevers can also greatly affect an athlete's hydration status.
- Environmental temperature and humidity both contribute to dehydration and heat illnesses.
- Clothing, such as dark, bulky, or rubber protective equipment, can drastically increase the chance of heat illness and dehydration.

##### **Heat Exhaustion**

- Profound weakness
- Exhaustion

- Dizziness/fainting
- Muscle cramping

*Treatment*

- Rest in a cool, shaded environment
- Fluids
- Student-athletes should not be allowed to practice or compete for the remainder of that day

**Heatstroke**

- Very high body temperature, temperature of  $\geq 104^{\circ}$  F
- Hot, dry skin indicates the body's failure to cool itself.
- Possible seizure or coma

*Treatment*

- Call 911 – Follow the Emergency Action Plan for the specific location
- Immediate cooling of body by removal of excess clothing
- Immersion in cold water
- Wetting the body and fanning vigorously
- Cool before transporting

**If you suspect an athlete has heat exhaustion or heat stroke:**

1. Notify the athlete's parents of the incident.
2. Notify the athletic director about the injury and fill out an Accident Report documenting the injury. Then, provide the accident report to the athletic director and School Nurse the next day.
3. NO athlete is to return to play without being cleared by their doctor if emergency care was required.

## ANNEX J

### Injury Action Plan for Cold-Related Illness

#### **Exercising and Athletic Participation in Cold Weather:**

Cold injuries/illnesses are a common result of exposure to cold environments during physical activity. The effects of cold weather can impact the health and safety of individuals participating in outdoor practices or games. If participants cannot maintain proper body heat, cold injury/illness can occur. Temperatures do not have to be freezing to have an adverse effect on the way a person regulates their body temperature. Any individual can lose body heat when exposed to cold air, but when the physically active cannot maintain heat, cold exposure can be uncomfortable, impair performance and may be life threatening. The Kansas State High School Activities Association wishes to provide its member schools recommended guidelines that can be useful in establishing or refining an individualized cold exposure plan or policy, as well as guidelines to help prevent, recognize and treat cold related injury/illness.

#### **Key Points**

- In extreme temperature and conditions. All attempts should be made to practice indoors or at warmer parts of the day.
- Modify activity in high-risk conditions to prevent cold injury. Monitor athletes for signs and symptoms and be prepared to intervene with basic treatment.
- Provide the opportunity for athletes to rewarm, as needed, during and after activity using external heaters, a warm indoor environment, or the addition of clothing.

#### **Signs and Symptoms of Cold Injury & Illness**

##### **Physiological Response to Cold**

Cold exposure produces peripheral vasoconstriction, decreasing peripheral blood flow, and decreasing convective heat loss from the body's core to its shell. Cold exposure also elicits increased heat production through skeletal muscle activity. This occurs through involuntary shivering (which can increase heat production six-fold) and through voluntary increased activity. Athletes exposed to cold repeatedly can exhibit cold acclimatization, in which both cold-induced vasoconstriction and shivering are blunted. Compared to heat acclimatization, cold acclimatization is less pronounced, slower to develop and less effective in defending normal body temperature and preventing thermal injury.

##### **Cold Injury**

Frostbite occurs when tissue freezes. Frostbite can be in exposed skin, e.g. nose, ears, cheeks, but also occurs in hands and feet, because vasoconstriction lowers peripheral tissue temperature significantly. Numbness or a "wooden" feeling is usually the first

symptom of frostbite in the hands and feet. With frostbite to exposed facial skin, however, there can be a burning feeling. Freezing of the tissue is often relatively painless. Re-warming is accompanied by sharp, aching pain and persistent loss of light touch sensation.

### **Frostbite**

The risk of frostbite increases as temperature decreases. With appropriate precautions, the risk of frostbite can be less than five percent when ambient temperature is above 5 degrees F. But increased surveillance of athletes is appropriate when the wind chill falls below minus 18 degrees F, since exposed facial skin then freezes in 30 minutes or less. At these temperatures, consideration should be given to postponing or shortening athletic events. Predetermined school policies bring neutrality to that decision and help the public to anticipate it.

### **Hypothermia**

Hypothermia is core temperature below 35C (95F). In mild hypothermia, an athlete feels cold, shivers, is apathetic and withdrawn, and demonstrates impaired athletic and mental performance. Coaches and athletes must recognize and respond to these early symptoms so as to avoid more severe hypothermia. The symptoms can be confused with concussion, hypoglycemia or drug use. As core temperature continues to fall, there is confusion, sleepiness, slurred speech and irrational thinking and behavior. Severe hypothermia causes cardiac arrhythmia and arrest. Efforts to resuscitate must persist until re-warming has been achieved.

### **Risk factors for Frostbite and Hypothermia**

- 1) Exercising in water, rain and wind. Evaporation from wet clothing in a cold environment increases heat loss four-fold.
- 2) Lean athletes lack the insulation provided by fat and muscle mass and have more difficulty maintaining core temperature.
- 3) Fatigue, energy depletion, sleep deprivation and many endocrine disorders produce hypoglycemia. Hypoglycemia impairs muscular activity and shivering, decreasing heat production.
- 4) Physical fitness and strength training allow longer exercise at high intensity with prolonged heat production and maintenance of core temperature. Poor fitness thereby predisposes to cold injury.

### **Field Treatment of Cold Injury**

#### **Frostbite**

Seek shelter and insulation to maintain core temperature. Reverse vasoconstriction by re-warming. Re-warming is best accomplished with 1) body heat – the victim's or someone else's body heat (e.g., placing the cold hand into the axilla) or 2) warm water 104-109

degrees F (40-43 degrees C). Warmer water produces greater injury, swelling and tissue death. Once re-warming begins, avoid additional freezing. It is better to tolerate some additional time with frozen tissue during extrication from the cold than to re-warm and then suffer refreezing during extrication. Rubbing the injured part tends to add mechanical damage to thermal damage, and is to be avoided.

### **Hypothermia**

Conscious, hypothermic persons should have wet clothing removed and should be insulated with whatever warming material is available. If possible, evacuate to a warm building/car/shower. Encourage the drinking of large volumes of warm, sweet liquids to improve circulating volume and available energy for exercise. Encourage exercise to promote heat production by muscular activity. Such athletes usually respond to peripheral re-warming, but transport to medical care as a precaution against deterioration. b) Comatose, hypothermic athletes should be insulated and transported emergently. Field re-warming and field CPR are usually ineffective and only delay transport to a medical facility for rapid core re-warming and comprehensive care.

**ANNEX K**  
**Distribution List**

<b>School</b>	<b>Sport</b>	<b>Season</b>	<b>Last Name</b>	<b>First Name</b>
<u>Elementary</u>				
Carrington	Intramural Boys Basketball	Winter	Poulter	Craig
Carrington	Intermural Girls Basketball	Winter	Poulter	Craig
Carrington	Intramural Soccer	Sept-Nov	LeVasseur	Armand
Carrington	Intramural Volleyball	Spring	Poulter	Craig
Duggan	Intermural Boys Basketball	Winter	Hart	Richard
Duggan	Intermural Soccer	Fall	Hart	Richard
Duggan	Intramural Volleyball	Winter	Hart	Richard
Gilmartin	Intermural Girls Basketball	Winter	Camilleri	Daniel
<u>Wendell Cross</u>	Intramural Girls Basketball	Winter	Santos	Rosalina
<u>Wendell Cross</u>	Intramural Soccer	Spring	Santos	Rosalina
<u>Wendell Cross</u>	Intramural Volleyball	November/December	Santos	Rosalina
<u>Middle School</u>				
NEMS	Assistant Swimming	Winter	Poulter	Craig
NEMS	Associate Unified	Year Long	Budd	Ryan
NEMS	Baseball	Spring	Gray III	Ollie
NEMS	Boys Basketball	Winter	Gray III	Ollie
NEMS	Cheerleading	Fall/Winter	Stanwicks	Meghan
NEMS	Flag Football	Spring	O'Leary	Ronan
NEMS	Girls Basketball	Winter	Fazzino	Francisca

NEMS	Lead Unified Sports	Year Long	Katrenya	Wesley
NEMS	Soccer	Fall	Doms	Gregory
NEMS	Softball	Spring	Stanwicks	Meghan
NEMS	Swimming	Winter	Poulter	Kara
NEMS	Unified Sports	Year Long	Colgan	Mary
Wallace	Assistant Swimming	Winter	Erasmus	Matthew
Wallace	Assistant Unified Sports	Year Long	Jannetty	Dana
Wallace	Baseball	Spring	Hasemann	Erich
Wallace	Boys Basketball	Winter	Lott	Phil
Wallace	Boys Basketball	Winter	Bandurski Jr. (interim SY 23-24)	Joseph
Wallace	Cheerleading	Fall & Winter	Caldarone	Paula
Wallace	Cross Country	Fall	Thayer	Aaron
Wallace	Flag Football	Spring	LeVasseur	Armand
Wallace	Girls Basketball	Winter	Santos	Tony
Wallace	Softball	Spring	Caldarone	Paula
Wallace	Volleyball	Fall	LaSalle	Ashley
Wallace	Swimming	Winter	O'Toole	John
Wallace	Unified Sports	Year Long	Mucciacciaro	Kathryn
WSMS	Assistant Swimming	Winter	Grosso	Nicolas
WSMS	Assistant Unified Sports	Year Long	Fryer	Deneen
WSMS	Baseball	Spring	Aresti	Robert
WSMS	Boys Basketball	Winter	Acevedo	Paul
WSMS	Cheerleading	Fall/Winter	Berardis	Marissa
WSMS	Cross Country	Fall	Elsemore	Lisa
WSMS	Flag Football	Spring	Chabot	Albert
WSMS	Girls Basketball	Winter	Fryer	Deneen
WSMS	Soccer	Fall	Acevedo	Paul

WSMS	Softball (stipend split)	Spring	Palladino	Erica
WSMS	Softball (stipend split)	Spring	Elsemore	Lisa
WSMS	Swimming	Winter	Arisian	Michael
WSMS	Unified Sports	Year Long	Shurtleff	Christian
WSMS	Volleyball	Fall	Abate	Jason
<u>High School</u>				
Crosby	Assistant Boys Swimming	Winter	O'Toole	John
Crosby	Assistant Cheerleading	Fall/Winter	Vega	Tatyana
Crosby	Assistant Football	Fall	Gray III	Ollie
Crosby	Assistant Football	Fall	Cox	Shawn
Crosby	Assistant Football	Fall	Munoz	Ivan
Crosby	Assistant Indoor Track	Winter	Nicholas	Stefanie
Crosby	Assistant Track & Field	Spring	Nicholas	Stefanie
Crosby	Boys Tennis	Spring	Sturdivant	Jason
Crosby	Cross Country	Fall	Chabot	Albert
Crosby	Freshmen Boys Basketball	Winter	Watts	Courtney
Crosby	Girls Tennis	Spring	Shurtleff	Christian
Crosby	Head Unified Sports	Year Long	Calma	Marie
Crosby	Head Cheerleading	Fall/Winter	Nicholas	Stefanie
Crosby	Indoor Track	Winter	Crane	Rich
Crosby	Intra-District Boys' Volleyball	Spring	LaSalle	Ashley
Crosby	JV Baseball	Spring	Bandurski Sr.	Joseph
Crosby	JV Boys Basketball	Winter	Devito	Lawrence
Crosby	JV Girls Basketball	Winter	Francisco	Joseph
Crosby	JV Soccer	Fall	Neal (interim)	Cameron

Crosby	JV Softball	Spring	Geffken	Melissa
Crosby	JV Volleyball	Fall	Crane	Rich
Crosby	Strength & Conditiong	Fall	Crane	Rich
Crosby	Varsity Baseball	Spring	Bandurski Jr.	Joseph
Crosby	Varsity Boys Basketball	Winter	Augelli	Nick
Crosby	Varsity Boys Swimming	Winter	Erasmus	Matthew
Crosby	Varsity Football	Fall	Scott	Michael
Crosby	Varsity Girls Basketball	Winter	Ocasio	Matthew
Crosby	Varsity Soccer	Fall	Neal	Cameron
Crosby	Varsity Softball	Spring	Brennan	David
Crosby	Track & Field	Spring	Crane	Rich
Crosby	Varsity Volleyball	Fall	Nicholas	Stefanie
Kennedy	Assistant Baseball	Spring	Desjardins	Jake
Kennedy	Assistant Boys Basketball	Winter	Morrison	Terrance
Kennedy	Assistant Boys Swimming	Winter	Dickey	Ryan
Kennedy	Assistant Football	Fall	Galante	Joseph
Kennedy	Assistant Football	Fall	Thompson	Roy
Kennedy	Assistant Football	Fall	Boland	Donald
Kennedy	Assistant Girls Basketball	Winter	Soucey	David
Kennedy	Assistant Girls Swimming	Fall	Hibbert	Alethia
Kennedy	Assistant Indoor Track	Winter	Scialla	Marlena
Kennedy	Assistant Outdoor Track	Spring	Scialla	Marlena
Kennedy	Assistant Softball	Spring	Catricala	Julie
Kennedy	Assistant Unified Sports	Year Long	Anton	Karen

Kennedy	Baseball	Spring	Sarlo	Chris
Kennedy	Boys Tennis	Spring	Morrison	Terrance
Kennedy	Cross Country	Fall	O'Brien	Nicholas
Kennedy	Freshmen Boys Basketball	Winter	Galante	Joseph
Kennedy	Freshmen Girls Basketball	Winter	Hibbert	Alethia
Kennedy	Girls Tennis	Spring	Wiener	Matthew
Kennedy	Golf Co-Op	Spring	Dubois	Zachary
Kennedy	Head Boys Soccer	Fall	Likorama	Robert
Kennedy	Intra-District Boys' Volleyball	Spring	Hibbert	Alethia
Kennedy	Intra-District Girls Soccer	Spring/Fall	Drewry	Emily
Kennedy	Head Cheerleading	Fall/Winter	Cocchiola	Kaitlyn
Kennedy	Head Volleyball	Fall	Morrison	Terrance
Kennedy	Head Unified Sports	Year Long	Doyle	Jessica
Kennedy	Strength & Conditioning	Fall	Ferrare	William
Kennedy	Strength & Conditioning	Winter	Sarlo	Chris
Kennedy	Strength & Conditioning	Spring	Stango	Michael
Kennedy	Varsity Boys Basketball	Winter	LeVasseur	Armand
Kennedy	Varsity Boys Swimming	Winter	Dickey	Ryan
Kennedy	Varsity Girls Basketball	Winter	Forgione	Michael
Kennedy	Varsity Football	Fall	Sarlo	Chris
Kennedy	Varsity Girls Swimming	Fall	Dickey	Ryan
Kennedy	Varsity Indoor Track Coach	Winter	O'Brien	Nicholas
Kennedy	Varsity Softball	Spring	Hartsoe	Kelsey

Kennedy	Varsity Track & Field	Spring	O'Brien	Nicholas
WAMS	Associate Unified Sports	Year Long	O'Neill	Patrick
WCA	Assistant Cheerleading	Fall/Winter	Johnson	S'ri
WCA	Assistant Football	Fall	Lewis	Jamel
WCA	Assistant Football	Fall	Calle	Christian
WCA	Assistant Football	Fall	Sturdivant	Jason
WCA	Assistant Football	Fall	Gladney	Nygel
WCA	Assistant Football	Fall	Blaize	Ulric
WCA	Assistant Indoor Track	Winter	McDonald	Ryan
WCA	Assistant Track & Field	Spring	Thomas	James
WCA	Assistant Unified Sports	Year Long	Aftowski	Michael
WCA	Assistant Volleyball	Fall	O'Toole	John
WCA	Cross Country	Fall	Thomas	James
WCA	Freshmen Boys Basketball	Winter	Johnson	Eric
WCA	Head Boys Swimming (Crosby Co-op)	Winter	Erasmus	Matthew
WCA	Head Cheerleading	Fall/Winter	Clements	Shenquaya
WCA	Head Indoor Track	Winter	Sylvester	David
WCA	Head Track & Field Coach	Spring	Thomas	Laura
WCA	Intra-District Boys Volleyball	Spring	Conte	Joseph
WCA	Intra-District Girls Soccer	Spring/Fall	Els	Cortney
WCA	JV Baseball	Spring	Zenick	Richard
WCA	JV Boys Basketball	Winter	Ellison Jr	Effrin
WCA	JV Girls Basketball	Winter	Rousseau	Jonas

WCA	JV Softball	Spring	Romaniello	Megan
WCA	JV Soccer	Fall	McDonald	Ryan
WCA	Strength & Conditiong	Fall	O'Toole	John
WCA	Strength & Conditiong	Winter	Aftowski	Michael
WCA	Strength & Conditiong	Spring	Paradis	Sara
WCA	Unified Sports	Year Long	Boutote	Ericka
WCA	Varsity Baseball	Spring	Piselli	Damon
WCA	Varsity Boys Basketball	Winter	O'Leary	Ronan
WCA	Varsity Girls Basketball	Winter	Sturdivant	Jason
WCA	Varsity Football	Fall	Rousseau	Jonas
WCA	Varisty Boys Soccer	Fall	Sylvester	David
WCA	Varsity Softball	Spring	O'Toole	John
WCA	Varsity Volleyball	Fall	O'Toole (DeProfio)	Laura
Wilby	Assistant Baseball	Spring	Doms	Gregory
Wilby	Assistant Football	Fall	Monroe	Michael
Wilby	Assistant Football	Fall	Sharkis	Daniel
Wilby	Assistant Boys Soccer	Fall	Stankus	John
Wilby	Assistant Boys Swimming	Winter	Garcia	Juan
Wilby	Assistant Girl's Basketball	Winter	Carangelo	Casey
Wilby	Assistant Girls Swimming	Fall	Grosso	Nicolas
Wilby	Assistant Indoor Track	Winter	Sincuir	Silvia
Wilby	Assistant Outdoor Track	Spring	Harris	Marquis

Wilby	Assistant Volleyball	Fall	Carangelo	Casey
Wilby	Freshmen Boys Basketball	Winter	Harris	Marquis
Wilby	Head Boys Tennis	Spring	Piccolo (interim)	Alan
Wilby	Head Cheerleading	Fall/Winter	Guerrera	Nina
Wilby	Head Girls Swimming	Fall	Arisian	Michael
Wilby	Head Girls Tennis	Spring	Iverson	Cazzie
Wilby	Head Golf Coach	Spring	Patrick	Kenneth
Wilby	Head Indoor Track	Winter	Tiru	Eddie
Wilby	Head Unified Sports	Year Long	Terenzi	Timothy
Wilby	Head Volleyball	Fall	Piccolo	Carla
Wilby	Intra-District Boys' Volleyball	Spring	Piccolo	Carla
Wilby	Intra-District Girls Soccer	Spring/Fall	Hartery	Kevin
Wilby	JV Boys Basketball	Winter	Iverson	Cazzie
Wilby	JV Girls Basketball	Winter	Sanchez Cabrera	Alina
Wilby	JV Softball	Spring	Williams	Dajee
Wilby	Strength & Conditiong	Fall	Piccolo	Alan
Wilby	Strength & Conditiong	Winter	Atkinson	Damon
Wilby	Strength & Conditiong	Spring	Atkinson	Damon
Wilby	Associate Unified Sports	Year Long	Perusse	Joseph
Wilby	Varsity Baseball	Spring	Monroe	Michael
Wilby	Varsity Boys Swimming	Winter	Figueroa	Jeromy
Wilby	Varsity Cross Country	Fall	Perusse	Joseph
Wilby	Varsity Girls Basketball	Winter	Ouellette	Heidi

Wilby	Varsity Football	Fall	Atkinson	Damon
Wilby	Varsity Soccer	Fall	Garcia	Juan
Wilby	Varsity Softball	Spring	Arroyo	Alyssa
Wilby	Varsity Track & Field	Spring	Tiru	Eddie